

No. 1030

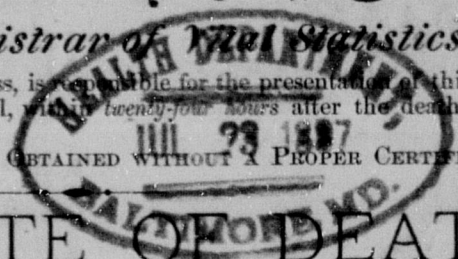
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1630 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, July 21, 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cyrus L. Smith  
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Fireman at B & O. R.R.  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore  
Duration of Residence in the City of Baltimore, Am born there  
Place of Death, { Give Street and Number. } N 25 S. Arlington Ave  
Cause of Death, { First (Primary), Second (Immediate), } Acute Dysentery  
Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park  
Date of Burial, July 23/87  
{ Undertaker, Denny & Mitchell } James Amuta M. D. Medical Attendant.  
{ Place of Business, 201 N. Fayette } Address, N 14 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, Gm 1132. Printed 10/27/2022.



NO. 1031

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A/63/

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22d 1887

Full Name of Deceased, Mary Ann Gibbs

Sex, Male or Female, Female

Age, 89 Years, White Months, None Days.

Married, Single, Widow or Widower, None

Occupation, Virginia

Birth Place, Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 209 N Fremont St

Cause of Death, Old age & Rheumatism  
Uterine Cancer

Duration of Last Sickness, 9 or 10 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 25th 1887

Undertaker, H Lewis Schaefer E. Price Hon M. D.

Place of Business, 316 N Fremont Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. A. 1632 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,                      Years,                      Months, 4 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 23<sup>d</sup> 1887

Undertaker, L. Brozkowski

Place of Business, Ellice Ann St Address,                     

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John Chas. De Grey Inspector

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 1633

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1633 Office of Registrar of Vital Statistics. Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23<sup>rd</sup> 1887  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Grayson  
Sex, Male or Female, {Cross out the word not required in this line.} Female  
Age, 16 Years, Months, Days.  
Color, Colored  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single  
Occupation, Singer  
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore  
Duration of Residence in the City of Baltimore, 16 years  
Place of Death, {Give Street and Number.} 546 St. Mary St  
Cause of Death, {First (Primary), Second (Immediate),} Heat (Excess of water) Inflammation of kidneys  
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Same Cemetery  
Date of Burial, July 23, 87  
{ Undertaker, Alex. Kennedy, Medical Attendant, J. A. Gilliss  
Place of Business, 56 Orchard St, Address, 437 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



Attention of Physicians is respectfully invited to the remarks below, and to the use of this Certificate.

# Board of Health, City of Baltimore,

Permit No. A 1634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22, 1887  
Full Name of Deceased, Lillian Davis  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 8 Years, 8 Months,  Days.  
Color, Colored Sex, Female  
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }  
Occupation,   
Birthplace, { State or country (and how long in the United States, if of foreign birth. ) } Baltimore  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give street and number. } 508 Moore St.  
Cause of Death, { First (Primary,) Diarrhoea  
Second (Immediate,) Asthma  
Duration of Last Sickness, Five weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Sharps Cemetery  
Date of Burial, July 23 1887  
Undertaker, Rev Henry Address 937 Madison Av  
Place of Business, Storchman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to file within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



No. 1035

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1635 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Bulmer

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Colored

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, { Give Street and Number. } 1382 W. Hatcoat St.

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, July 23, 1887

Undertaker, Alex. Humphrey

Place of Business, 5610 Charles St.

Wm. J. Chappell M. D.  
Medical Attendant  
Wm. C. Preston Stricker  
Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



No. 7030

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1636 Office of Registrar of Vital Statistics.Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary + Henry Shipley (parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, { Give Street and Number. } 1147 Cleveland st

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23

{ Undertaker, J.B. Cook } Edward H. London M. D. Medical Attendant.

{ Place of Business, 1003 W Butternut } Address, 1122 N. Mount st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1637 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* ~~or~~ *Female*,

{ Cross out the word not }  
{ required in this line. }

Age,

*Years,*

Months,

Days.

*Color,*

Married, Single, Widow or Widower,

{ Cross out the words not }  
{ required in this line. }

Occupation,

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth.

*Duration of Residence in the City of Baltimore,*

Place of Death, { Give Street and }  
Number.

Cause of Death,

First (Primary),

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial.

Date of Burial,

( Undertaker.

Place of Business,

1003 W Butler Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. A 1638 Office of Registrar of Vital Statistics.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23<sup>rd</sup> 87

Undertaker, Sam'l A Chase

Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J. V. Fitzpatrick Sanitary Inspector



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

**A** 1639

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 23, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Wallatt

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

Cor. Fayette & Church Sts

Cause of Death,

{ First (Primary),

Second (Immediate),

Diphtheria

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Latimer Cemetery

Date of Burial,

July 23<sup>d</sup> 1887

Undertaker,

Henry H. Meads

J. H. Houch

M. D.

Medical Attendant.

Place of Business,

#413 E. Fayette St

Address,

1005 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]